

# Engagement with local religious leaders to combat COVID-19 in Pakistan



## In brief

- COVID-19 remains a threat for the Pakistani economy and health care system. In this environment, congregational prayers, including obligatory Friday prayers, present significant risks for transmission of the virus if not managed properly.
- This policy brief measures the impact of one-on-one engagement with local religious leadership on the compliance of public health measures such as wearing masks.
- Through a randomised controlled trial study, the research found that one-on-one engagement with religious leaders encourages them to impart health guidelines to congregants. Respondents were 25% more likely to advise wearing a mask to prayers if they received any of the persuasion scripts.
- The findings suggest that public health policies can mobilise communal leaders (religious or non-religious) on two fronts: containment and prevention. Evidence from this study highlights that there is room for policymakers to build a more collaborative relationship with communal leaders through one-on-one engagement.
- The results can provide valuable insights for strategies used by other public health campaigns to engage the public and build trust, such as COVID-19 vaccination.

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## Background

COVID-19 remains an ever-present threat for the Pakistani economy and health care system. Even though cases in Pakistan started to drop after June 2020, the “second wave” of COVID-19 in the winter months has seen [a tremendous rise in the number of cases and deaths](#). While the government has urged the public through mass messaging to wear masks, adopt social distancing and avoid large gatherings, there is increasing evidence that [these measures are not being followed](#).

In this environment, congregational prayers, including the obligatory Friday prayers, present significant risks if not managed properly. [The government has developed a 20-point plan](#) for controlling the spread of COVID-19 at mosques in consultation with the religious clergy; however, [there is increasing evidence that plan is not being adhered to](#). Additionally, [there is evidence of a trust deficit between the citizens and government](#) which could lead to lower citizen compliance with public health measures such as wearing masks.

## The approach of our study

In response to this crisis, we implemented a randomised controlled trial study to measure the impact of one-on-one engagement with local religious leadership on the compliance of protocols at their mosque. Our messaging was a combination of religious appeal and public health guidelines that were interactive, involving frequent elicitation of the respondents’ reactions and agreement, as well as asking them to commit to action. Our study is different from previous strategies of COVID-19 containment as it **does not rely on mass messaging but rather focuses on one-on-one engagement with focal community leaders**. It aims to **improve the implementation and communication of the 20-point plan** that was agreed between the government and religious clergy to contain the spread of COVID-19. However, it is not novel in its approach as it is similar to previous interventions like the polio vaccination drive that disseminates knowledge and engages at the community level. Thus, the results from our study can provide valuable insights for strategies used by other public health campaigns to engage the public and build trust, such as polio vaccination and eventually the COVID-19 vaccination.

## Description of the study

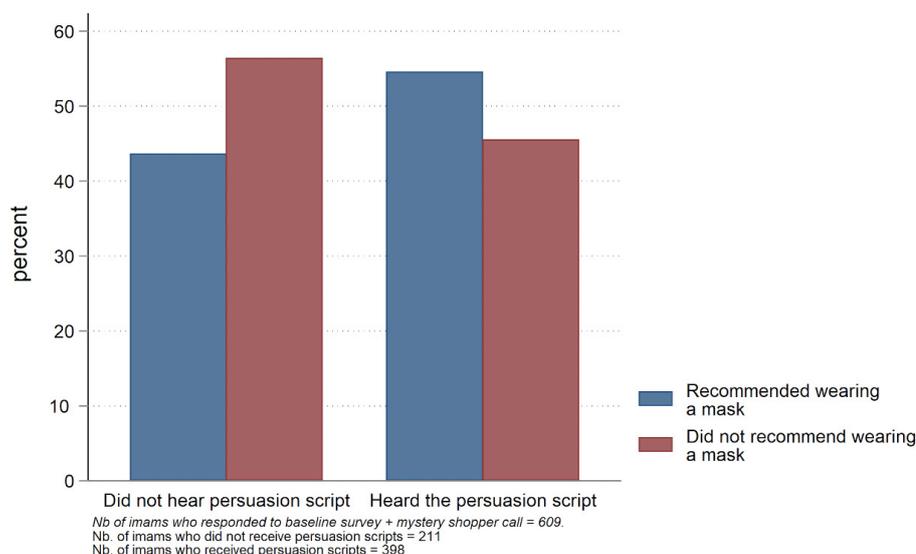
We carried out our experiments over a 3-week period before Eid-ul-Azha in July 2020. At that time, policymakers feared a spike in the number of infections, similar to the rise in COVID-19 cases

observed post Eid-ul-Fitr in May 2020. We drew a random sample of religious community leaders from 19 districts of urban and rural Punjab. All the respondents were randomly divided into three groups based on the persuasion scripts they received: 1) Control, 2) secular persuasion only and 3) secular + religious persuasion.

All three groups received a baseline survey phone call which tested their knowledge of basic COVID-19 facts and steps they are taking to prevent its spread. The calls then ended for the baseline group (group 1) and for the two other groups (**groups 2 & 3**), the persuasion scripts started right after. Both the groups received interactive messaging highlighting their role as community leaders in curtailing the spread of COVID-19 and protecting vulnerable communities. The secular script also discussed the government directives on the official protocols to be followed in mosques and encouraged them to spread the message through sermons and loudspeakers. **Group 3** received additional scripts that included an appeal to religious authority using a combination of Ahadis, Fatwas and measures taken in mosques by other Muslim countries.

We followed up with the respondents two days before Eid-ul-Azha through a “mystery shopper” call where an enumerator posed himself as a member of the community who inquired about the timings for the Eid prayers, asking for advice on measures to follow when attending them, i.e. if he and his father should wear a mask, bring their own prayer mat and perform ablution at home. The purpose of this call was to gauge the effect of the persuasion scripts by recording actual compliance to measures recommended by the government. This is in contrast to self-reported compliance, where respondents are likely to over-report compliance due to social-desirability bias. The calls were credible to respondents as many enumerators reported receiving a call back from the Imams with the confirmed prayer timings and only 10% of these mystery shopper calls were marked as suspicious by our enumerators.

**Figure 1: Percentage (%) of Imams who recommended wearing a mask to Eid prayers**



This figure shows that dissemination of mask-wearing advice differed by 11 percentage points between respondents who received the persuasion scripts and those that did not. This means that engaging with Imams made them 25% more likely to advise congregants to wear a mask.

## Insights and policy recommendations

1. **We find that one-on-one engagement with religious leaders encourages them to impart health guidelines to congregants.** Respondents are 25% more likely to advise wearing a mask to prayers if they received any of the persuasion scripts. This was despite the fact that most of them were already aware of basic COVID-19 facts. Moreover, engagement with Imams was equally effective with or without explicitly religious content in the scripts. This suggests the key mechanism that made our engagement successful was emphasising the role of Imams as community leaders and reminding them of their responsibility towards their community.
2. **Insights from our study can help augment and supplement existing efforts by the government to increase compliance with public health guidelines on COVID-19.** Since the impact of our engagement was unaffected by the inclusion of religious content in the scripts, it can be potentially extended to other types of communal leaders who speak from an impressionable platform. The government should identify such communal leaders and focal players that influence the opinions of people in a community. Evidence from our study suggests that there is room for policymakers to build a more collaborative relationship with such leaders through one-on-one engagement. Such engagement can

*“The government should identify such communal leaders and focal players that influence the opinions of people in a community.”*

take the form of interactive messaging on the spread of COVID-19 along with an emphasis on the instrumental role these leaders can play in curtailing the spread of the disease in their own community. This approach is likely to increase dissemination of advice on public health guidelines, and through the leaders' influence and sway over their community, also help increase compliance with those guidelines.

3. **One-on-one engagement might be more effective than mass messaging.** In our study, we found that 70% of the respondents had received some form of messaging regarding the spread of COVID-19 via government announcements, TV and newspapers, but only 26% of them had advised their congregants to wear a mask. However, with our engagement, they were 25% more likely to recommend this prevention step. This suggests that public health campaigns should go beyond the mere use of mass messaging; the strategy should be supplemented with some form of collaboration with focal community leaders at the grassroots level.
  
4. **The findings from this study suggest that public health policies can mobilise communal leaders (religious or non-religious) on two fronts: containment and prevention.** On the containment front, policymakers can seek their support to increase dissemination of health advice and raise citizen compliance with protective measures as discussed at length above. Similarly, communal leaders can also lend a hand in the outreach of public health campaigns such as vaccination drives, especially in the face of widespread misinformation and scepticism. [Results from a recent nationwide poll have revealed that over 40% of Pakistani's said they are unlikely to get themselves vaccinated for COVID-19.](#) This shows that persuading people to get the vaccine will be one of the biggest hurdles in battling the disease. This is where collaboration with communal leaders can be particularly beneficial for the messaging of such health campaigns.

[Read the full study here.](#)